

## Shaping opportunities for the new health sciences librarian

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Change in libraries is not new. Since the 1980s, the library literature has been full of articles discussing the impact of new technologies such as automated integrated library systems, non-mediated online bibliographic search systems, and the Internet and web on health sciences libraries and health sciences librarian roles. The focus on new technologies during this period leads medical librarians away from focusing on subject discipline expertise to emphasizing skills as either systems experts or trainers, whether in large groups or one on one. Other developments in the field included outreach beyond one's own institution, in reach within one's institution, and the emergence of the health sciences librarian as a deep generalist.

The effects of today's new economy of "doing more with less" and "sequestration" have accelerated a new cycle of change in the roles of health sciences librarians. Shrinking budgets coupled with cuts in federal dollars are challenging our notions of services, our access policies, and our definition of library space and collections. The debate about the need for subject expertise combined with information science training has also reemerged. Job descriptions now are titled clinical informationist, research data informationist, and embedded librarian. These librarians may or may not reside in the health sciences library. They may be partially or fully funded by the academic department or research or clinical team they serve. Whatever these new roles are called, they share the following characteristics:

- Their clients tend to value health sciences librarians' expertise (both subject and information science) and not their library as a place or the collections held by that library.
- The information accessed by health sciences librarians is not limited to that found in traditional

library collections and can include data sets, digital tools, and social media outlets.

■ Librarians' clients respect not only their expert ability to retrieve and access information, but also their ability to anticipate questions, and then evaluate and analyze the information found. Librarians now emphasize individualized services. Researchers' needs differ, so services should be tailored to meet them where they are in the information-seeking process. Librarians' new roles are moving from service that is "just in case" or "just in time" to service that is "just for you" [1].

■ Librarians have a role to play in the entire scholarly communications process, not merely at the end of the research data cycle as has been traditionally the case.

What might some of these roles look like? Certainly the articles in this issue of the *Journal of the Medical Library Association (JMLA)* describe some of them. From my own experience, the Lamar Soutter Library (LSL), University of Massachusetts Medical School, Worcester, has been moving in these new directions for the last decade. Librarians at the LSL began with small outreach subcontracts funded by the National Library of Medicine (NLM) that were focused on helping consumers and community-based groups access HIV/AIDS resources and MedlinePlus. This funding served as the necessary catalyst to move us to think more broadly about serving our community at their point of need rather than in the library itself. At the same time, librarians began attending grand rounds and morning report in member and affiliated hospitals of the UMass Memorial Health Care System and in community medical group clinics that have family medicine residency programs. They provided onsite evidence-based information retrieval services and training to assist in patient care decision making in difficult cases. As librarians moved services more and

more outside the library, traditional reference questions declined. The LSL eliminated its traditional reference desk in 2009, freeing up more time for librarians to serve users at the point of need and to offer more in-depth consultation services. One of our clinical information specialists, for example, is now working with a team on a systematic review.

More recently, with the burgeoning of computational science and the enormous amounts of data generated by the research enterprise, the LSL has added a scholarly communications component to its suite of services. The library instituted its own institutional repository, and the cataloging librarian was moved to manager of the repository. The National Institutes of Health (NIH) open access mandate served as a catalyst for us to be able to offer new services to researchers. We began by explaining open access and public access and offering help with depositing articles into PMC, which led to work with the faculty council on framing an open access resolution for the campus. The awarding of a Clinical and Translational Science Award (CTSA) to our institution allowed us to designate a librarian to be a liaison to the CTSA team. The library now hosts all papers and posters coming out of the CTSA in its repository. NLM's latest call for proposals for data informationists again helped us to become successful in embedding a librarian in a research team. We were one of the eight funded projects and have a librarian spending ten hours a week on that project [2]. The success of this service has motivated other research teams to come forward and fund more of her time.

How does a library begin to position its librarians for these new roles? Again, let me cite our experience. First, the shift was gradual, moving by means of small incremental steps. We began with pilot projects that resulted in small,

but exciting successes. Outside funding also helped. The LSL leadership team clearly communicated its commitment, as did our librarians. With input from the librarians, we drew a compelling vision of what the future of the library would look like. We developed clear scenarios to describe how the librarians would fit into that new future. We combined a commitment to professional development for our professional staff with a willingness to hire people with the right combination of subject and information science expertise. We recognized, too, that librarians cannot perform these roles alone and were ready to form partnerships with community groups, research scientists, the health care system, and physician group practice, as well as other non-health sciences libraries. Organizationally, we moved away from traditional hierarchical structures to a team-based model, empowering teams to plan, implement, and evaluate new services [3].

What were the competencies and skills needed for these librarians to succeed? Some of our more successful clinical informationists are former nurses, hospital librarians, and librarians who worked

for a biomedical research foundation who are expert searchers. Our successful data informationists have a background in science and/or statistics, and our institutional repository is led by a cataloger with metadata expertise. In all cases, the librarians are risk-takers, entrepreneurial. They are not afraid to teach or to assume a collegial role with their clients. They do not wait to be asked. They anticipate needs and ask questions [4].

This is a transformational time for health sciences librarians. The challenge for librarians is to redefine our identities in light of the changing communities that we serve and the opportunities that are presented by the new information (digital, data, and social) landscape. As T. Scott Plutchak, AHIP, said in his Janet Doe Lecture, "Our job is not to build a better library—it's to figure out how best to use our skills and talents to advance the goals of our communities. Sometimes that means we'll be doing the kinds of things that people associate with libraries. Sometimes it means we'll stop doing those sorts of things. And sometimes it means we'll be doing things that nobody

ever associated a library with before" [5].

*Elaine R. Martin, DA, Elaine.martin@umassmed.edu, Director of Library Services and Director, National Network of Libraries of Medicine, New England Region, Lamar Soutter Library, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655*

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